

Request for cash payment of vested benefits

Personal data Full name: Dossier no: Date of birth: AVS no: Marital status: Nationality(ies): Street: ZIP, city: Country: Phone no: Private email: **Voluntary purchase** Did you purchase benefits with a pension fund in the last three years? \bigcirc no O yes Cash payment I apply for cash payment of my vested benefits for the following reason (only one choice possible): **1.** O I am leaving Switzerland definitely or I do not reside in Switzerland. Please provide: - for persons living in Switzerland: a certificate of departure dated less than 90 days ago issued by the resident's registration office. - for cross-border workers: a certificate attesting cancellation of the cross-border working permit or a copy of the cancelled permit. 2. I started a self-employed occupation as a principal employment less than a year ago and am no longer subject to a mandatory occupational benefit scheme. Please provide a copy of the certificate from the AVS compensation fund dated less than 90 days ago. Indicate the activity(ies) pursued (if several, indicate all mentioning the employment level of each): Activity pursued: Employment level:% Activity pursued: Employment level:%

3. O In the letter about the termination of my insurance, you inform me that my vested benefits amount to less than my annual contribution.

Please provide a copy of a valid official identity document with a photography.



Payment information

| person. By signing this form, the insured per owned by a third party. | rson certifies that the financial account indicated below is not |
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| • • | |
| | |
| ZIP, city: | Country: |
| Notes for foreign payments - please provide a bank account identity (R - unless you indicate otherwise, the payment | IB) with IBAN and SWIFT numbers nt will be made in the currency of the country of destination. |
| Taxation | |
| Country of current residence: If you are domiciled in Switzerland, do you in no yes, departure date: Foreign address: | tend to settle in another country soon? |
| | |
| | Country: |
| | ke note that any lump sum payment above CHF 5'000.00 will letraites Populaires, in accordance with the provisions of the 13, 1965. |
| withheld at source on the lump sum paymer rate, I confirm that my personnal situation is | , taxed separately or bringing up a minor child who is in an |
| In some cases, the tax refund can be claimed given to you together with the certificate conditions. | d within three years. An official refund application form will be cerning the withholding tax. |
| Signatures | |
| take care personally of my pension provision | ded above is accurate and true and I take note that I have to using the amount, if any, received for this purpose. Retraites payment of the vested benefits if the form is duly completed |
| Place and date | Signature of the insured person |
| The spouse / registered partner is in full knobenefits to his/her spouse / registered partner | wledge of the consequences of a cash payment of the vested rand gives his/her consent to the payment. |
| Place and date | Signature of the spouse / registered partner |

The benefit in the form of a lump sum must be transferred to a financial account owned by the insured

For people being married, separated or bound by a registered partnership, the signatures of the insured person and of his/her spouse/registered partner must be legalised by a notary. Persons concerned may also have their signatures verified free of charge at our reception desk or agencies bringing with them a valid proof of identity.

For unmarried persons who are not bound by a registered partnership (single, divorced, dissolved partnership or widowed), please include a certificate of marital status, less than 90 days old, to be requested from the competent Civil Registry Office.

This form can be returned to us via your Espace personnel. If the legalisation of signatures is necessary, this must be done before sending the form.